FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE** COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					1		()				прапу Аст с			_							
Name and Address of Reporting Person*     Liu David R.						2. Issuer Name <b>and</b> Ticker or Trading Symbol Prime Medicine, Inc. [ PRME ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
210 20	110 111													$\dashv$	Dire	ector	X	10% O	wner		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 07/21/2023									Offi belo	cer (give title ow)		Other ( below)	specify		
C/O PRIME MEDICINE, INC.						4. If Amendment, Date of Original Filed (Month/Day/Year)								6.1	6. Individual or Joint/Group Filing (Check Applicable						
21 ERIE STREET						07/25/2023								Line)							
														X Form filed by One Reporting Person							
(Street)															Form filed by More than One Reporting Person						
CAMBRIDGE MA 02139				Dut	<u> </u>	)hE 1/	<u></u>	Tron		tion Ind	lioo	tion									
,	Kui	е т(	mo-T(	(C)	Hans	sac	tion Ind	IICo	ation												
(City) (State) (Zip)					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.																
		Table	I - No	n-Deriva	tive S	ecui	ities A	cq	uired,	Dis	posed of	f, oı	r Ben	eficia	ally Ow	ned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day)					Execution Date,		Ί				ies Acquired (A) Of (D) (Instr. 3, 4			Secu Bene Own Follo	ficially ed wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Price		rted saction(s) : 3 and 4)					
Common Stock 07/21/20						2023			G <sup>(1)</sup>		1,000,00	00 D \$0		20,156,945		D					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any			4. Transaction Code (Instr. 8)		5. Number of Derivatir Securitir Acquire (A) or Dispose of (D) (Instr. 3, and 5)	ve es d	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4		f 9	8. Price of Derivative Security (Instr. 5)		y   1	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)				
					Code	v	(A) (D	))	Date Exercisa	able	Expiration Date	Titl	or Nun of	ount nber ıres							

## **Explanation of Responses:**

1. This Form 4 Amendment is being filed solely to report the disposition as a bona fide gift by the Reporting Person of the Issuer's common stock to a 501(c)(3) charitable organization for no consideration.

## Remarks:

/s/ Gabriela Morales-Rivera, attorney-in-fact

07/26/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.